

1. NAME AND ADDRESS OF APPLICANT FILING APPLICATION		FSA-551 U.S. DEPARTMENT OF AGRICULTURE (08-28-02) Farm Service Agency <div style="text-align: center;">CATTLE FEED PROGRAM (CFP) APPLICATION</div>				
2A. IDENTIFICATION NUMBER	2B. TELEPHONE NO. (Area Code)	3. COUNTY FSA OFFICE NAME AND ADDRESS <i>(Including Zip Code)</i>				
		TELEPHONE NUMBER <i>(Including area code)</i> :				
4. List names and address of all persons sharing ownership in foundation beef herd, their share and the location of any other foundation beef herd.						
A. NAME AND ADDRESS	B. NUMBER OF ELIGIBLE LIVESTOCK	C. PERCENT SHARE	D. ELIGIBLE NUMBER OF HEAD	E. OTHER FOUNDATION BEEF HERD INTERESTS		
				STATE	COUNTY	FARM NO.
NAME OF APPLICANT						
	X		%=			
OTHER OWNER						
ID NO.			%			
OTHER OWNER						
ID NO.			%			
OTHER OWNER						
ID NO.			%			
OTHER OWNER						
ID NO.			%			
OTHER OWNER						
ID NO.			%			
TOTAL PERCENT <i>(Must equal)</i>		100 %				

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Section 32 of the Act of August 24, 1935. The information will be used to determine eligibility in accordance with the requirements of the Federal Register Notice for applicants who are requesting Cattle Feed Program benefits. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in a determination of ineligibility for Cattle Feed Program Payment Program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001 and 1004; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0222. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

5A. KIND / TYPE	5B. ELIGIBLE NO. OF HEAD	5C. PAYMENT PER HEAD	5D. TOTAL AMOUNT
Beef Cow, Bulls and Replacement Heifers	x	\$23.00	= \$

6. List current year owned or leased grazing acreage used to support foundation beef herd.

A. TYPE OF GRAZING	B. LOCATION	C. ACRES	D. CHECK EITHER	
			OWNED	LEASED

7A. NAME AND ADDRESS OF FEED SUPPLIER	7B. ID CODE	7C. PHONE NO. (Area Code)

8. LIVESTOCK OWNER ENTRIES

A. Number of Eligible Livestock Included on This Application That Died or Were Sold	B. Number of Cows in the Herd	C. Number of Replacement Heifers in the Herd (Cannot Exceed 15% of Number of Cows in Item 8B)	D. Number of Breeding Bulls in the Herd	E. Sum of Cows, Replacement Heifers, and Breeding Bulls (Number Must Equal Item 4B on Page 1 of This Form)

9. PRODUCER'S CERTIFICATION

I certify that all the information entered on this application and documents attached are true and correct, and all documents provided are true copies of the transaction reported. Providing a false certification to the government is punishable by imprisonment, fines and other penalties. All information provided herein is subject to verification by the Commodity Credit Corporation. The provisions of criminal and civil fraud statutes that apply to this certification, includes 18 USC 286, 287, 371, 641, 651, 1001 and 1004; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

9A. PRODUCER'S SIGNATURE	9B. DATE (MM-DD-YYYY)
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10. COC DETERMINATION: ☐ APPROVED ☐ DISAPPROVED

11A. SIGNATURE OF COC OR DESIGNEE	11B. TITLE	11C. DATE (MM-DD-YYYY)
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12. REMARKS (FOR COUNTY FSA OFFICE USE ONLY). If applicable, enter the following changes that occurred between the date of application and December 2, 2002: